

**COMBINED DECLARATION AND POWER OF ATTORNEY
FOR PATENT APPLICATION
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As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name;

I believe I am a joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

HYDROGEN SUCCINATE SALTS OF [TRANS-4-((1R,3S)-6-CHLORO-3-PHENYLINDAN-1-YL)-1,2,2-TRIMETHYLPIPERAZINE AND THE USE AS A MEDICAMENT

the specification of which

☐ is attached hereto

☒ was filed on **14 August 2006** as United States Patent Application No. 10/568,572

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. §119(a)-(d) or §365(b), of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application which designates at least one country other than the United States, listed below and have also identified below any foreign application for patent or inventor's certificate, or PCT international application having a filing date before that of the application on which priority is claimed:

<u>Country</u>	<u>Application No</u>	<u>Filed (Day/Mo./Yr.)</u>	<u>Priority Claimed</u> (Yes unless box is checked)
Denmark	PA200301180	18 August 2003	<input type="checkbox"/>
Denmark	PA200301305	11 September 2003	<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

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I hereby claim the benefit under Title 35, United States Code, Section 119(e) of any United States provisional application(s) listed below

<u>Application No.</u>	<u>Filed (Day/Mo./Yr.)</u>
60/496,058	18 August 2003
60/520,246	14 November 2003

I hereby claim the benefit under 35 U.S.C. § 120 of any United States application(s), or § 365(c) of any PCT international application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. § 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

<u>Application No.</u>	<u>Filed (Day/Mo./Yr.)</u>	<u>Status (Patented, Pending, Abandoned)</u>
PCT/DK2004/000545	18 August 2004	Pending

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY: As a named inventor, I hereby appoint the practitioners associated with Customer Number 45821 to prosecute this application and transact all business in the Patent and Trademark Office connected therewith, and I hereby authorize them to add new practitioners to, and delete practitioners from, that Customer Number.


Send all correspondence to the address associated with Customer Number 45821*.

Direct all calls to the telephone number associated with Customer Number 45821*.

* The address, telephone and facsimile numbers associated with Customer Number 45821 are:

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Full Name of Third Inventor, if any: _____
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Full Name of Fourth Inventor, if any: _____

Inventor's signature: _____ Date: _____

Citizen/Subject of: _____

Residence: _____

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Full Name of Fifth Inventor, if any: _____

Inventor's signature: _____ Date: _____

Citizen/Subject of: _____

Residence: _____

Post Office Address: _____

Full Name of Sixth Inventor, if any: _____

Inventor's signature: _____ Date: _____

Citizen/Subject of: _____

Residence: _____

Post Office Address: _____
